

PUBLIC PROTECTION CABINET OFFICE OF OCCUPATIONS AND PROFESSIONS

P.O. Box 1360, Frankfort, Kentucky 40602 ~ 911 Leawood Drive, Frankfort, Kentucky 40601 Phone: (502) 564-3296 Fax: (502) 564-4818 ~ http://dop.ky.gov

MAILING LIST REQUEST

Please complete the following information to request a licensee mailing list. All lists are created in Microsoft Excel. A header row will be provided in the data. Please choose a format in Step Three below. All lists are provided electronically via email.

Step One: Provide Your Contact Information

Contact Name			Date of Request
Email Address (List will be sent to this address) Primary Phone Number		Phone Number	Secondary Phone Number
Company Name			
Street Address	City	State	Zip Code
Step Two: Indicate Board You (Visit http://dop.ky.gov for a list of	-		ons and Professions)
Board Name* *Costs for mailing lists are \$30 poboard requested)	er board (A separate ch	eck or money orde	er must be sent for each
Step Three: Choose a Format			
☐ Microsoft Excel (2010) − Star ☐ Microsoft Excel (1997-2003) ☐ Text (Tab Delimited) ☐ CSV (Comma-Delimited)			
Step Four: Return Your Form			
Please mail your completed form, requesting more than one board, particles to:			

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